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CONFIRMATION NO. 1579

SERIAL NUMBER 10/602,138	FILING OR 371(c) DATE 06/23/2003 RULE	CLASS 235	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. 3080-5578US	
APPLICANTS Robert Lammle, Salt Lake City, UT;					
** CONTINUING DATA ***** <i>None</i>					
** FOREIGN APPLICATIONS ***** <i>a1</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 09/08/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allyson J. Reid</i> <i>a1</i> Examiner's Signature Initials		STATE OR COUNTRY UT	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
ADDRESS 24247					
TITLE Method and system for providing pharmaceutical product information to a patient					
FILING FEE RECEIVED 411	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		